PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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(N)	Application Number	10/796,593								
TRANSMITTAL	Filing Date	03/09/2004								
FORM	First Named Inventor	Steven R. Hayter								
	Art Unit	3672								
(to be used for all correspondence after initial filing)	Examiner Name	Jennifer Hawkins Gay								
Total Number of Pages in This Submission 12	Attorney Docket Number	D5407-224								
ENCLOSURES (Check all that apply)										
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Acknowledgment Postcard								
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	marks .									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name										

Signature Printed name Gary R. Maze Date Reg. No. 06/21/2006 42.851

CERTIFICATE OF TRANSMISSION/MAILING

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Date 06/21/2006

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PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
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Fees pure to the Consolidated Appropriations Act, 2005 (H.R. 4818). FOR FY 2006			Complete if Known							
			Application Number		10/796,593					
			Filing Date		03/09/2004					
			First Named Inventor		Steven R. Hayter					
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name		Jennifer Hawkins Gay					
		Art Unit		3672						
TOTAL AMOUNT OF PAYMENT (\$) 200			Attorney Docket No. D5407-2			24				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-0429 Deposit Account Name: Baker Hughes Incorporated										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
·		· · · · · · · · · · · · · · · · · · ·		ling or may be	subjec	t to a su	charge	2.)		
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
	<u>s</u>	mall Entity	SEAR	Small Entity	EXAII		Entity			
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$</u>) Fee (\$)	<u>Fee</u>	(\$) Fee	(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200) 10	0			
Design	200	100	100	50	130) 6	5			
Plant	200	100	300	150	160	8	0			
Reissue	300	150	500	250	600	30	0			
Provisional	200	100	0	0	()	0			
2. EXCESS CLAIM FEE	S					_	oo'(\$)	Small Entity		
Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25										
Each independent claim over 3 (including Reissues) 200 100										
Multiple dependent claims						360 ⁻	180			
Total Claims	Extra Clain	s Fee (\$)	Fee	Paid (\$)	·	M	ultiple D	ependent Claims		
20 or HP =	O claims paid fo	x <u> 0</u>	_=	_0		Ē	ee (\$)	Fee Pald (\$)		
HP = highest number of total Indep. Claims	Extra Claim		Fee	Paid (\$)						
4 - 3 or HP =	1	_ x200	=	200						
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge):										
SUBMITTED BY										
ignature	Registration No.	egistration No. ttomey/Agent) 42,851 Telephone 713.402.3900								
	UVI		- C- U	(Attorney/Agent) 4	-,,	-				

Name (Print/Type) Gary R. Maze

Date 06/\$1/2006

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